

California Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2008
NAME OF PROVIDER OR SUPPLIER UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10833 LE CONTE AVE BH 427, CHS LOS ANGELES, CA 90095		
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E 000	<p>Initial Comments</p> <p>The following reflects the findings of the Department of Public Health during a Complaint Investigation:</p> <p>Complaint Intake Number CA00145644</p> <p>Representing the Department of Public Health:</p> <p>Cynthia Nieto, RN, Health Facilities Evaluator Nurse Dolores Braithwaite, RN, Health Facilities Evaluator Nurse</p> <p>The inspection was limited to the specific complaint investigated, and does not represent the findings of a full inspection of the facility.</p>	E 000		
E1953	<p>T22 DIV5 CH1 ART7-70707(b)(8) Patients' Rights</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to maintain privacy and confidentiality of</p>	E1953		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E1953	<p>Continued From Page 1</p> <p>patients' medical records.</p> <p>Findings:</p> <p>An investigation was initiated on 4/3/08 in response to the facility's report of Employee 1's unauthorized access of a well-known individual's medical record (Patient B).</p> <p>1. An examination of Employee 1's file during the investigation revealed a copy of a facility letter, dated 4/25/05, addressing an incident in 2004, when Employee 1 accessed a fellow employee's (Patient C) medical record without justification or authorization. An investigative report declared, "There would not be any job-related reason" for Employee 1 to look into Patient C's health record, who stated she was not in the hospital at the time her record was breached. Employee 1 was given "written counseling" for the incident.</p> <p>2. Further review of Employee 1's file revealed a letter, dated 6/13/07, of "intent to dismiss" for "serious misconduct in violation...of HIPPA." The letter charged that Employee 1 had breached Patient B's private health information (PHI).</p> <p>According to the letter, Patient B, complained to the facility that confidential PHI had been breached and was disclosed to the media.</p> <p>The audit of Patient B's medical records concluded that Employee 1 accessed and reviewed documents in the record a total of 104 different days between 7/1/06 and 5/21/07. The letter, dated 6/13/07, from the facility to Employee 1, declared that there was "no basis in your job duties and responsibilities that would in any way justify your access of a celebrity's PHI."</p>	E1953			

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E1953	<p>Continued From Page 2</p> <p>3. In addition, according to the letter, over 60 records, many identified as "celebrities in the entertainment business", had been accessed by Employee 1 during the 10-month period of 7/1/06 through 5/21/07.</p> <p>Employee 2 produced an audit log on 4/3/08 that listed the names and/or medical record numbers of 61 patients whose records had been accessed by Employee 1. Employee 2 pointed out that several of the patients, whose medical records had been breached, were "hospital employees" or well-known individuals.</p> <p>The facility's electronic record-keeping system required requests for access to be submitted by supervisors, who defined the employee's role and determined which area(s) of the medical record required access in the performance of their job. The system that allowed the most extensive access, without limitation, was the facility's Patient Centric Information Management System (PCIMS).</p> <p>A review of Employee 1's files on 4/3/08 revealed Employee 1 was PCIMS authorized. However, Employee 2 declared that the employee's access of the 61 records was not required in the performance of her job. The letter, dated 6/13/07 stated, "In your capacity as an Administrative Specialist, it was not appropriate for you to access patient records...the records accessed and reviewed were not associated with your job duties..."</p> <p>During an interview on 4/7/08, at 3:15 p.m., Employee 3 stated, "As far as I know, no one else" accessed any of those records.</p> <p>On 4/7/08, the facility was asked to perform audits on each patient's record that Employee 1</p>	E1953			

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E1953	<p>Continued From Page 3</p> <p>had breached to determine, as a sampling, if anyone else affiliated with the hospital had inappropriately accessed those 61 records between 7/1/06 and 5/21/07.</p> <p>The information system audit enabled detection of any employee or person affiliated with the facility who accessed patients' records, and identified the section(s) within the records that were accessed, plus the date(s) and time(s) they were viewed.</p> <p>4. The audits produced evidence that one employee, Employee 4, had accessed 46 of those 61 records between 7/1/06 and 5/21/07, without apparent justification. Employee 3 explained that, in the course of their own investigation, Employee 4 denied accessing any records inappropriately, but divulged she had given Employee 1 her access code/ID (i.e., password and user identification) on two occasions.</p> <p>Further investigation from 4/22/08 through 4/28/08 revealed evidence the 46 records were accessed with Employee 4's user ID on Employee 1's user location. Employee 3 speculated that Employee 1 may have actually examined the 46 records on her own computer, but used Employee 4's ID and password.</p> <p>5. The same audit also produced 13 additional names of people affiliated with the facility who accessed another well-known individual's medical record (Patient A) between 7/1/06 and 5/21/07. Upon initial investigation, the facility determined that the record was accessed without apparent authorization.</p> <p>Patient A had been admitted to an affiliated facility (Sister Facility 1) under an alias, however</p>	E1953			

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E1953	<p>Continued From Page 4</p> <p>was not in the hospital at the time the records were viewed. Employee 3 explained that once a patient was discharged, the actual name was re-activated, and the alias removed, so that all the patient's medical information remained cohesive "for continuity of care."</p> <p>Four of the user locations (computer site) were not on the facility's campus. Employee 3 disclosed that at least one of the employees was at home when Patient A's record was accessed.</p> <p>Of the 13 employees and other persons associated with the facility, three were physicians, one was a resident physician, three were registered nurses, two were employed by outside contractors, and one was a volunteer. The other three were employees in supportive hospital, clinical, or office personnel roles.</p> <p>The employee files and facility records disclosed that each participated in patient privacy training, and signed a "Confidentiality Agreement" upon hire promising to access patient care information "only in the performance of assigned duties and where required or permitted by law."</p> <p>Employee 3 was unable to confirm if any of the 13 people accessed Patient A's medical record in the performance of his or her duties.</p> <p>Patient A was admitted to an affiliated facility (Sister Facility 1), and was not in the hospital between 7/1/06 through 5/21/07, the period of time her medical records were viewed without authorization.</p> <p>Patient A's, Patient B's, and Patient C's records did not include a consent authorizing any of the persons involved to access their medical records.</p>	E1953			

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E2145	<p>T22 DIV5 CH1 ART7-70737(a) Reporting</p> <p>(a) Reportable Disease or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.</p> <p>This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to report to the Department the unauthorized access of medical records by Employee 1, after discovery of the incident in May 2007.</p> <p>Findings:</p> <p>In response to the facility's report of Employee 1's unauthorized access of Patient B's record, an investigation was initiated on 4/3/08. During the investigation, the employee's files revealed a letter of admonishment for breach of patient confidential health information that occurred in 2004.</p>	E2145			

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E2145	Continued From Page 6 Further review of the employee file revealed the disclosure of Employee 1's unauthorized access to an additional 60 records in a letter dated 6/13/07. The facility's policies and procedures entitled, "Responding to Compliance Issues" (HS 9600), dated 4/6/04, and "Investigatory Procedure for Breach of PHI (Protected Health Information)", dated 3/17/08, did not include directives for notification to the Department of an unusual occurrence. When interviewed on 4/22/08, at 10:00 a.m., Employee 3 stated "I don't know why it wasn't reported." Employee 3 explained that she was not employed at the facility during the time of the incident.	E2145			
E2236	T22 DIV5 CH1 ART7-70751(b) Medical Record Availability (b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons. This RULE: is not met as evidenced by: Based on interviews and review of records, the facility failed to safeguard patient medical records against use by unauthorized individuals. Findings: An investigation was initiated on 4/3/08, prompted by the facility's report that an employee at the facility accessed Patient B's medical	E2236			

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E2236	<p>Continued From Page 7</p> <p>records from 7/1/06 through 5/21/07.</p> <p>An investigation into the incident resulted in the discovery that the employee (Employee 1) had also accessed the health records of 60 other patients. Documents in the employee's file declared there would not be "any job-related reason" for Employee 1 to look into any of those records.</p> <p>Prompted by that discovery, the facility performed audits on each of the 61 records to ascertain if there was any additional unauthorized access. One employee (Employee 4) appeared to have accessed 46 of those 61 records. However, she allegedly had given her user identification (ID) number and password to Employee 1, who reportedly used them to access those records from her own computer terminal (IP address).</p> <p>In addition, the audit uncovered 13 additional employees and persons affiliated with this facility, and its Sister Facility 1, who accessed the records of Patient A between 7/1/06 and 5/21/07, from Sister Facility 1.</p> <p>Employee 3 was unable to confirm if the 13 other individuals accessed Patient A's records in the performance of his or her duties.</p>	E2236			